

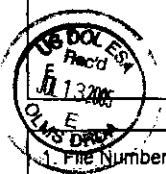
FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

 1. File Number U - <u>2949</u>		2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>	
3. Name and address of person filing. Name <u>Steve</u> <u>Lonny</u> P.O. Box, Bldg., Room No., if any <u>Suite 201</u> Street <u>3302 McGinnis Ferry Rd</u> City <u>SUWANEE</u> State <u>GA</u> ZIP Code + 4 <u>30024-7148</u>		4. Name, file number, and address of labor organization. Name <u>UFCW Local 1996</u> Labor Organization File Number <u>540-249</u> P.O. Box, Building and Room Number, if any <u>Suite 201</u> Street <u>3302 McGinnis Ferry Rd</u> City <u>SUWANEE</u> State <u>GA</u> ZIP Code + 4 <u>30024-7148</u>	
5. Position in labor organization. <u>President</u>			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Steve Lonny

On

7/6/05
Date

678-714-3500
Telephone Number

Name of Person Filing Steve Lomax	File Number U- 2949
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name UFCW + Employers Legal Fund Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any Suite 310 Street 1800 Phoenix Blvd City Suwanee State GA ZIP Code + 4 30349-5549	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Provides legal benefits for membership of which I am Trustee </div>
	11.b. Approximate dollar value of such dealing. 813,000.00
	12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Reimbursement for expenses associated with attendance at multiple Trustee meetings </div>
	12.b. Amount. 301.19

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Reimbursement

Name of Person Filing <u>Steve Lomax</u>		File Number U- <u>2949</u>
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name: <u>UFCW + Employers HW</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: <u>Suite 310</u> Street: <u>1800 Phoenix Blvd</u> City: <u>Atlanta</u> State: <u>GA</u> ZIP Code + 4: <u>30349-5599</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <u>Provides Health + Welfare Benefits for membership of which I am trustee</u> <u>Local + Trust</u> </div> 11.b. Approximate dollar value of such dealing. <u>43.5 million</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <u>Reimbursements for expenses trustee meeting associated with attendance at multiple trustee meetings.</u> </div> 12.b. Amount. <u>301.21</u>	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

Name of Person Filing Steve Lomax	File Number U- 2949
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UFCW & Employers Pension Fund</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any Suite 310</p> <p>Street 1800 Phoenix Blvd</p> <p>City Atlanta</p> <p>State GA ZIP Code + 4 30349-5549</p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p>Provides Pension Benefits for membership of which I Am Trustee</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursements for expenses associated with Attendance at multiple Trustee meetings.</p> <p>12.b. Amount. 1849.13</p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <p>_____</p> <p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing Steve Lomax		File Number U- 2949
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Spectra</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any Suite E</p> <p>Street 4651 Chamblee Dunwoody Rd</p> <p>City Atlanta</p> <p>State GA ZIP Code + 4 30338</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UFCW + Employees H+W Fund</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any Suite</p> <p>Street 1800 Phoenix Blvd 310</p> <p>City Atlanta</p> <p>State GA ZIP Code + 4 30349-5549</p>	<p>11.a. Nature of such dealing.</p> <p>Vision provider to labor organization and trust fund</p> <p>11.b. Approximate dollar value of such dealing. 1.1 million</p> <p>12.a. Nature of interest held or income received.</p> <p>2 Business Dinners</p> <p>2 Blankets</p> <p>12.b. Amount. 100,000 160,00</p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing Steve Lomax	File Number U- 2949
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Sentinel Realty Estate**
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any **Suite 605**
 Street **2990 Bethesda Plaza**
 City **Winston-Salem NC**
 State **N.C.** ZIP Code + 4 **27103**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **VFCW and Employers Pension Fund**
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any **Suite 310**
 Street **1800 Phoenix Blvd**
 City **Atlanta**
 State **GA** ZIP Code + 4 **30349-5539**

11.a. Nature of such dealing.

providing investments income to the pension fund of which I am a trustee and members receive pension benefits

11.b. Approximate dollar value of such dealing.

36 mil Invested

12.a. Nature of interest held or income received.

Golf Christmas Brawnies

12.b. Amount.

120.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Steve Lomax

File Number U-

2949

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Blue Cross Blue Shield of GA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3350 Peachtree Rd NE.

City Atlanta

State GA

ZIP Code + 4 30326

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name VFCW + Employers H&W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 310

Street 1800 Phoenix Blvd

City Atlanta

State GA

ZIP Code + 4 30349-5559

11.a. Nature of such dealing.

Provider of P.P.O. Network for Fund of which I am a Trustee

11.b. Approximate dollar value of such dealing.

3.7 million

12.a. Nature of interest held or income received.

Golf & Lunch Business

12.b. Amount.

245.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing Steve Lomax	File Number U- 2949
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Dennis Jenkins CPA</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any Suite Building 1200 suite 1250</p> <p>Street 1301 Shiloh Rd</p> <p>City Kennesaw</p> <p>State GA ZIP Code + 4 30144</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>Provide - Audit Services and accounting</p> <p>11.b. Approximate dollar value of such dealing. 17,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Christmas Gift</p> <p>12.b. Amount. 150.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing Steve Lomax	File Number U- 2999
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Stewin + Hart P.C.</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any suite 450</p> <p>Street 1625 Massachusetts Ave N.W.</p> <p>City Washington D.C.</p> <p>State D.C. ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name UFCW and Employers H+W</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any suite 310</p> <p>Street 1500 Phoenix Blvd</p> <p>City Atlanta</p> <p>State GA ZIP Code + 4 30349-5559</p>	<p>11.a. Nature of such dealing.</p> <p>Co-counsel on H+W Fund</p> <p>11.b. Approximate dollar value of such dealing. 5400.00</p> <p>12.a. Nature of interest held or income received.</p> <p>Gift Christmas Gift chocolate</p> <p>12.b. Amount. 40.00</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>Steve Loney</u>	File Number U- <u>2949</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Borrows, Hanley, Mewhinney + Stearns Inc</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>34th Floor</u> Street <u>2200 McKinney Ave</u> City <u>Dallas</u> State <u>Texas</u> ZIP Code + 4 <u>75201-2444</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>UFCW and Employers Pension Fund</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>Suite 310</u> Street <u>1800 Phoenix Blvd</u> City <u>Atlanta</u> State <u>GA</u> ZIP Code + 4 <u>30349-5559</u>	11.a. Nature of such dealing. <u>Investment Manager for Pension fund of which I Am a Trustee</u> <hr/> 11.b. Approximate dollar value of such dealing. <u>364,890</u> <hr/> 12.a. Nature of interest held or income received. <u>Dinner at Trust mtg</u> <hr/> 12.b. Amount. <u>65.00</u>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing <u>Steve Lomax</u>	File Number U- <u>2949</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Morgan Stanley</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>5th Floor</u></p> <p>Street <u>1221 Ave of the Americas</u></p> <p>City <u>New York</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>10020</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>UFCW and Employers Pension</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>suite 310</u></p> <p>Street <u>1800 Phoenix Boulevard</u></p> <p>City <u>Atlanta GA</u></p> <p>State <u>GA</u> ZIP Code + 4 <u>30349</u> <u>5559</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Investment com manager for pension fund which I am a Trustee</u></p> <p>11.b. Approximate dollar value of such dealing. <u>950,000</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Reception / Dinner in relation to Trust mtg</u></p> <p>12.b. Amount. <u>56.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>Steve Lomax</u>	File Number U- <u>2949</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Alliance Capital Management
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any Suite 240
Street 3201 Enterprise Pkwy
City Cleveland
State Ohio ZIP Code + 4 44122

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW and Employers Pension Fund
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any Suite 310
Street 1500 Phoenix Blvd
City Atlanta
State GA ZIP Code + 4 30349
5559

11. a. Nature of such dealing.

Investment Manager for Pension Fund That I am a Trustee.

11. b. Approximate dollar value of such dealing.

924,000

12. a. Nature of interest held or income received.

Dinner

12. b. Amount.

28.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14. a. Nature of payment.

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13. b. Is the Business an Employer ☐ or Consultant ☐ ?

14. b. Amount of payment.

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Name of Person Filing	Steve Lomay	File Number U-	2949
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Segal Baymont & Haml Invest</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 2150</u></p> <p>Street <u>10 South Wacker Dr</u></p> <p>City <u>Chicago</u></p> <p>State <u>Ill.</u> ZIP Code + 4 <u>60606 7407</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>UFCW + Employers Pension Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 310</u></p> <p>Street <u>1800 Phoenix Blvd</u></p> <p>City <u>Atlanta</u></p> <p>State <u>Ga</u> ZIP Code + 4 <u>30349 5559</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Investment manager on Pension Fund that I am a Trustee</u></p> <p>11.b. Approximate dollar value of such dealing. <u>401,000</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Business Golf</u></p> <p>12.b. Amount. <u>47,000</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>Steve Lmox</u>	File Number U- <u>2949</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name West ABN Asset Mgmt
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any 20th Floor
Street 5555 San Felipe
City Houston
State Texas ZIP Code + 4 77056
2723

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked, give trust or employer's name.

Name UFCW & Employers Pension Fund
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any Suite 310
Street 1800 Phoenix Blvd
City Atlanta
State GA ZIP Code + 4 30349
5559

11.a. Nature of such dealing.

Investment Manager on Pension Fund of which I am a trustee

11.b. Approximate dollar value of such dealing. Fee \$481,000

12.a. Nature of interest held or income received.

Business Dinner that Included my wife

12.b. Amount.

70.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

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13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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Name of Person Filing <u>Steve Lomax</u>	File Number U- <u>2949</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Delaware International Advisors</u> (Mondrian)</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 3870</u></p> <p>Street <u>Two Commerce Sq</u></p> <p>City <u>2001 Market St</u> <u>Philadelphia</u></p> <p>State <u>Penn.</u> ZIP Code + 4 <u>19103</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>UFCW + Employers Pension Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 310</u></p> <p>Street <u>1800 Phoenix Blvd</u></p> <p>City <u>Atlanta</u></p> <p>State <u>GA</u> ZIP Code + 4 <u>30549</u> <u>5559</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Investment manager on Pension Fund that I am a Trustee</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Fee 253,000</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Business Dinner w/ wife Present</u></p> <p>12.b. Amount. <u>70.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing <u>Steve Lomax</u>	File Number U- <u>2949</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>J.P. Morgan Fleming Investment</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>522 Fifth Ave</u></p> <p>City <u>New York</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>10036</u></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>VFW + Employers Pension Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 310</u></p> <p>Street <u>1500 Phoenix Blvd</u></p> <p>City <u>Atlanta</u></p> <p>State <u>Ga</u> ZIP Code + 4 <u>30341</u> <u>5555</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <p><u>Investment Manager on Pension Fund of which I Am a Trustee</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Amount</u> <u>44 million</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Business Dinner at Trust meeting</u></p> <p>12.b. Amount. <u>25.00</u></p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>14.b. Amount of payment.</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

Name of Person Filing

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.